

FORM 15
TECHNICAL ASSISTANCE (TA) REQUEST AND TRACKING FORM
FY _____
[Sec. 509(a)(4)]

STATE OR DIVISION: _____

	A	B	C	D	E	F	G
TYPES OF TA	PRI-ORITY	PROJECTED DOLLARS	WHO WOULD YOU SUGGEST PROVIDE THE TA	DATE OF REQUEST	DATE STARTED	DATE COMPLETED	WHO PROVIDED THE TA
I. <u>GENERAL SYSTEMS DEVELOPMENT</u>							
A. System Review Planning							
B. Policy Options Analysis							
C. Coordination Coalition Building/Training							
II. <u>DATA-RELATED REQUESTS</u>							
A. Data System Development							
B. Needs Assessment							
C. Performance Indicators							
III. <u>SPECIAL ISSUES</u>							
A. Health Care Reform Wrap-Around Services							
B. CSHCN Program Development/Evaluation							
C. Public Health/Managed Care/Quality							
D. Interagency, Public/Private Integration							
E. Core Public Health Issues							
IV. <u>OTHER (List)</u>							
A.							
B.							

**INSTRUCTIONS FOR THE COMPLETION OF FORM 15
TECHNICAL ASSISTANCE (TA) REQUEST AND TRACKING FORM**

Title V Citation:

Section 509(a)(4) states, “The Secretary shall designate an identifiable administrative unit with expertise in maternal and child health with the Department of Health and Human Services, which unit shall be responsible for “...providing technical assistance, upon request, to the States in such areas as program planning, establishment of goals and objectives, standards of care, and evaluations and in developing consistent and accurate data collection mechanisms in order to report the information required under section 506(a)(2).”

Instructions:

A glossary of terms applicable to this form is included in Section 10.1 of this document.

This form is to be used both for requesting technical assistance (TA) and for tracking ongoing and completed TA. It should contain all the TA you anticipate requesting for the application year AND it should reflect the status of any ongoing TA or TA completed within the reporting year. TA that was completed in the year(s) prior to the reporting year is to be dropped from the reporting form. While all TA requests are to appear on this form and be submitted with the Block Grant Application, any changes in your TA requests, or plans, during the year should be updated on a new TA Request and Tracking Form and submitted to the MCHB Regional Program Consultant in your Federal regional office. Since this is also a tracking form, copies of it may be photocopied from the Application.

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- Col A - Enter the rank order of your requested TA by level of importance, with 1 being the most important. Use each number only once.
- Col B - Enter the anticipated cost of the TA you are requesting or that is underway and the actual cost of any TA that was completed.
- Col C - Enter the name of the individual or organization that you would suggest provide any requested TA. If you have no suggestion for a TA provider, enter “None.” For TA that is ongoing or completed enter the name of the individual or organization that is providing or has completed TA in the reporting year.
- Col D - Enter the date the TA was first requested. If this form is being used for a first-time TA request, enter October 1 of the year for which the application is submitted.
- Col E - Enter the date any ongoing or completed TA was started. (For TA requests, enter “NA”).
- Col F - Enter the date any completed TA was finished. (For TA requests, or for ongoing TA, enter “NA”).
- Col G - Enter the name of the individual or organization that is providing or has completed the TA. (For TA requests enter “NA”).